## TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death, certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 20M 5-63

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTI	ICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA	ALTIMORE 1, MARYLAND
00524	ICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BACKLER OF DEATH	43.43.40

00344	CERTIFICATE	OF DEATH		0.0515
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where	decaased lived, If institution: Re	sidence before edmission)
a. COUNTY (IDEAL TALE	MARYLAND	a. STATE WILLIAMS	b. COUNTY DR	UTALE
b. CITY OR TOWN (if outsida corporata limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside con	porate limits, write RURAL and	give nearest town)
write RURAL and give nearest town)	life !	Den	ITAIL OF	/
d. NAME OF HOSPITAL OR INSTITUTION (if not in he	enital give street address)	d. STREET ADDRESS	1000	e. IS RESIDENCE
		G. CINCLI PLENCES /		ON A FARM? YES NO
3. NAME OF First	Middla	Last 4. DATE	Month	Day Year
(Typa or print) ANNA	MELIA	COHEE DEAT	77	1966
S. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years   IF UNDER 1 )   Age   Months   D	
WIDOW	ED DIVORCED	Mrd. 12-12221	119	ays Hours Min.
10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	11. BIATHPLACE (County & Stata, o	r foreign country) 12. CITIZ	ZEN OF WHAT COUNTRY?
at HOME		MARYLAND		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
GEORGE GRAVA	FTT	CEORGIA	MURPHY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16 (Yas, no, or unkown)   (Ifyas give war or dates of sarvica)	. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
(1935) 110, O (11) ASSISTANCES	R	PBPCCA WAI	OPCK DEN	ItON MD
18. CAUSE OF DEATH [Entar only one causa par	line for (a), (b), and (c).]		1 - 1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Foriby	. 2 1 9		CHISET AND DEATH
4322 DUE TO	NI CALMAT	411010		Hands
Candidan if any others	11.00.11	5.1		lamas
gava rise to immediate ceuse	Habearas	113		0 11102
(a), stating the undarlying DUE TO	· Potas Co			1 1000
10)	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART	I(a) 19. WAS AUTOPSY
ОШ				PERFORMED?
U 208. ACCIDENT WAS UNDERLYING ☐   206. DI	ESCRIBE HOW INITIRY OCCUPANT	D. (Entar nature of injury in Part I or Par	t II of itam 18.3	YES NO NO
PART II. OTHER SIGNIFICANT CONDITIONS CO	TOWN HOOK! OCCORD.	s. (End. Hardre of Infary In Fair For Fair	711 07 11011 1011	
3 20c. TIME OF INJURY Month, Day, Yaar   20d.			ty or town) (Coun	ty) (State)
20c. TIME OF INJURY Month, Day, Yaar 20d. Hour a.m. Whi p.m. 19 at wo		ory, streat, office bldg., atc.)		
21. I certify that (I) (this hospital) atter		D-11 10lah 10	Jah. 1.1. 19.6	Aban (1) (110) land
saw the deceased alive on salah		11.///	1)	
22e. SIGNATURE		dearn occurred of the man in the	II Ind Causes and Oil like	22b. DATE
	The same	ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS.	SIGNED
22c. PHYSICIAN'S	ellyy M.	22d ADDRESS		11.66
NAME (TYPE) all SINO	allerach	Denion	me 2	1629
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY 23d LOC	CATION (City, town or county)	(Stete)
REMOVAL (Spacify) JAN, 17, 1966	DENTO	N NE	NIEN	My.
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a, REC'D BY REGIS	STRAR 256 REGISTRAR'S SI	
all hand hearte	- Toland	Jud JAN 21 1	966 fillerles	Judge
	11		- 4	V

## Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where decaased livad, If institution: Residence before admission) a. COUNTY ps 1, 2, and 3 to the funeral director. Page age 5 may be retained for your files. I and 2 with the State Department of nt within 72 hours after death. Ky is necessary, MARYLAND b. CITY OR TOWN (if outside corporate) c. LENGTH OF STAY IN 16 N (If outside corporete limits, write RURAL end give neerest town) write RURAL and give maarest town d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? h the State I hours after YES NO TO 3. NAME OF any Middle 4. DATE Month Day DECEASED OF hours after death. If (Type or print) DEATH dit (In year 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, evan if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN F. "pending" in pencil in Item 18. Gi DICAL EXAMINER: This certificate should be executed within forr 2 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yas, no. opunkown) i (Ifyesgive wer or dates of service) and Office along with 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). or removal, INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: AcuteCoronary Occlusion minutez IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which Corenary Sclerosis cremation, Arteriosclerosis 10 vrs please execute the certificate, writing the word "pending" 4 should be forwarded to the Chief Medical Examiner's O FUNERAL DIRECTOR: Page 3 should be used as a Health or its designated agent, prior to burial, cremation gava risa to immadiata causa DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CAN RESULTED TO THE SIGNIFICANT CONDITION GIVEN IN PART II. 19. WAS AUTOPSY CERTIFICATION PERFORMED? 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY [ ] or CONTRIBUTING [ CAUSE OF DEATH MEDICAL 2Df. (City or town) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, form, (County) 4 should be forwarded to the TO FUNERAL DIRECTOR: Page Health or its designated agent, factory, street, office bldg., etc. Whila Not While et work et work 21. I certify that I look charge of the remains described above, held an Autopsy X Inspection Inquiry and in my opinion death resulted from: Natural causes y Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE M.D. DEPUTY DEPUTY MEDICAL EXAMINER B NAME (Type) arold .Plummer M. L Address (Street, city, town, or county 22d. LOCATION (City, town, or country 0 FUNERAL DIRECTOR 24a. REC'D BY-REGISTRAR REGISTRAR'S SIGNATURE VR A15ME 1966 5M 1/62

LAND STATE DEPARTMENT OF HEALTH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

_	00520	)	CERTIFICATE	OF DEATH		02070
	PLACE OF DEAT	TH		2. USUAL RESIDENCE (WI	here deceased lived, If institutions	Residence before edmission)
1	. COUNTY	BROLEN	MARYLAND	1STATE REYLAND	b. COUNTY	SOLENE
		(if outside corporete limit	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	de corporate limits, write RURAL er	nd give nearest town)
1	SURAL	nd give nearest town)	I lefe	Kur	H DENTON	05-1
-0	d. NAME OF HOSE	PITAL OR INSTITUTION (I	f not in hospital, give street address)	d. STREET ADDRESS		. IS RESIDENCE
						YES NO
	NAME OF DECEASED	First	Middle	Last 4. D.		Dey Yeer
	(Type or print)	SARAH	CORA		EATH SO	26 1966
5.	SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	. DATE OF BIRTH	9. AGE (In yeers IF UNDER	
	F	N	WIDOWED DIVORCED	FEB. 3, 1877	last birthdey) Months	Days Hours Min.
		TION (Give kind of work porking life, even if retired		RY 11. BIRTHPLACE (County & Ste	ete, or foreign country)   12. Ct	TIZEN OF WHAT COUNTRY?
	at	Jones		M ARY LA	かり	MSA
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
	(SEN	GAMAB	CHROSS	1 HARRDE	TI	
		VER IN U.S. ARMED FOR		INFORMANT	Address	
	No		M	rs. Hatalier A.	your Crem	by no Kede
	18. CAUSE OF	DEATH [Enter only one	cause per line for (e), (b), end (c).]	1	0	INTERVAL BETWEEN
	PART I. DEA	TH WAS CAUSED BY:	loute telt vo	willed H	Tulure	ONSET AND DEATH
	1142	IMMEDIATE CAUSE (6)	1/ =			7 3.47
	775/	DUE TO	theire Do. 16.	50 (02 Te. 30	CO Herrica	LIKES.
П	Conditions, if er		1 11 - Charles	ae ancio	Sign Car	
9	(a), steting tha	DUIT TO	HIM. T. S.	Cost - co	0 - (10	flet
	cause last.	) (0)	13 4 Jacon Const	- asomos	lessio for	7
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BUT NO	OT RELAJED TO THE TERMINAL DIS	JEASE CONDITION GIVEN'IN PAR	19. WAS AUTOPSY PERFORMED? YES NO
일	20a ACCIDENT	WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURR	FD (Fater neture of injury in Part I	or Part II of item 18 )	1113 [] 110 []
CERT	OR CONTRIBUTING	G CAUSE OF DEATH	TOD. DESCRIBE HOW HARRY OCCUR.	co. (ciner fieldle of infary in fort)	51 7511 II OF 11511 151,	
N/S	20c. TIME OF IN	JURY Month, Dey, Yee			(City or town) (Co	unty) (State)
MEDICAL	Hour a.m.		While Not While fec	tory, street, office bldg., atc.)		
2	p.m.	. 19	al work	3/10 0 1 1/1 /03	12	1-65
			al) attended the deceased from.			the data stated above
	226; SIGNATURE		and mar	dearn occurred air	nom the causes and on t	/ 22b. DATE
(	Rale	is D Wini	nacott "	ATTENDING MED.	OR PHYS.	2/3/66 SIGNED
	22c. PHYSICIAN'		. WINDALOTT	22d. ADDRESS	-ELY,MI	)
238	BURIAL, CREMA	TION, 236. DATE THER	EOF   23c. NAME OF CEMETERY	OR CREMATORY 23d,	LOCATION (City, town or coun	ity) (State)
[	REMOVAL (Specif	" LAN30	1966 BELL'S (	CHAPEL &	MALDENT	(PM KO
24	FUNERAL DIRECTO	OR'S SIGNATURE	ADDRESS	25e. REC'D BY	REGISTRAR 256. REGISTRAR'S	SIGNATURE
	W 5	Roll her	one Soul) It	DATE B 8	1956 Jelianle	es Judge

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH CERTIFICATE funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY 古古 MARYLAND pue deat c. CITY OR TOWN lift outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 1b þ 24 write RURAL and give nearest town) .= after Pages Dent.on executed within filled i IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS hours ON A FARM? YES NO T papers. n 72 hou 410 South Second completely 3. NAME OF 4. DATE Month First Middle Day OF DECEASED within DEATH (Typa or print) 19 carbon 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX and last birthday) Months Days Min. Hours event, WIDOWED | DIVORCED certificate physician e 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attendir KNOW 4 Then the levoi Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAL (Yes, no, or unkown) | (If yes give war or dates of service) INTERVAL BETWEEN þ 18. CAUSE OF DEATH [Enter only one gausa per lina for (a), (b), and (c).] ONSET AND DEATH las been signed burial-transit per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a cremation, DUE TO attending Conditions, if any, which gave risa to immediate cause je, DUE TO (a), stating the underlying certificate ha cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 0 PERFORMED? prior NO X YES may be retained to DIRECTOR: After this car 3 should be detached for u 20a. ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20e. PLACE OF INJURY (Homa, farm, ) (State) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED I 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 19 p.m. 1966 21. I certify that (I) (this hospital) attended the deceased from....... 19. a.k., and that death occurred at 15. M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE 22a. SIGNATURE SIGNED ATTENDING death. Page 4 HOSPITAL page with th DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS filed v NAME (Typa) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town br county) (State) & FO 0 REMOVAL (Spacify) ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERIAL DIRECTOR'S SIGNATURE VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please ganove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death and the state Dept. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 15M 4-64

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hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00528 OF STATISTICAL RESEARCH CERTIFICATE OF DEATH

						-			
1. PLACE OF OEATH a. CDUNTY	Carol	ine	MARYLA	ND	2. USUAL RESIDEN a. STATE	CE (Where deceas			
b. CITY DR TDW write RURAL Rural	N (if outside corpora and give nearest too Greens b	ete limits, or	30 Yrs.		Rural Gr			RURAL and g	give nearest town)
	SPITAL OR INSTITUTI			ress)	d. STREET ADDRESS				e, IS RESIDENCE
	one	on (ii not ii nosp	ortally Brea att out and		7	None			ON A FARM? YES ND
3. NAME OF OECEASED		irst	Middle		Last	4. DATE	Month	Oa.	
(Type or print)	Carlton		Pa	SWS	ater	DEATH	1	7	1966
5. SEX	6. COLDR OR RACE	7. MARRIED	NEVER MARRIE	3   7	. DATE OF BIRTH	9. A	GE (In years IF	UNDER 1 YEA	R IF UNDER 24 HRS.
Male	White	WIODWEO [	DIVDRCED [		Nov. 21,	1907	8 yrs.		
during most of work Retired	IDN (Give kind of working life, even if retire Boat Pai	nter N	ODF BUSINESS DR USTRY ODE		Maryla:		foreign country)	USA	N OF WHAT RY?
13. FATHER'S NAM	E				14. MDTHER'S MAI	OEN NAME			
Willi	am E. Pa	swater			Lula Mae	Wilcox			
15. WAS DECEASED	EVER IN U.S. ARMED F	DRCES?   16. SD	CIAL SECURITY ND.	17.	INFORMANT		Address		
Yes, no, or unkown)	(If yes give war or dates WW11	160-	24-1558	E	arl Paswa	ter Gre	ensbor	o, Ma	ryland
18. CAUSE OF	DEATH [Enter only or	ne cause per line	for (a), (b), and (c).	3		10-10		INT	TERVAL BETWEEN
PART I. OF	EATH WAS CAUSED BY IMMEDIATE CAUSE		Coronar	y !	Thrombosi:	8			TOET AND VENT
4201	DUE								
Conditions, if		(b)	Arterio	sc.	lerotie Co	ardiova	scular	Dis.	
gave rise to	Pile	E TD							
cause (a), si	rating the	(c)							
PART II. DTHER S	SIGNIFICANT CONDITI	DNSCDNTRIBUTI	NG TD DEATH BUT ND	TRELA	TED TO THE TERMINAL	DISEASE CONDIT	TIDN GIVEN IN PA	RT1(a)   19	WAS AUTDPSY PERFORMED?
ICAT			nal Insuf						YES NO
DR CONTRIBUTI	WAS UNDERLYING TING CAUSE OF DEATHER MEDICAL EXAM	20b. OES	SCRIBE HDW INJURY	DCCU	RRED. (Enter nature o	of Injury In Part	I or Part II of I	tem 18.)	
ZOC. TIME DF Hour a.r		While -	Not While at work	e. PLA	CE DF INJURY (Home, f ry, street, office bldg.,		ty or town)	(County)	(State)
21. I certif	y that (I) (this hos	pital) attended	the deceased fro		reb. 10 g	10 <b>65</b> , to <b>J</b>			that (I) (we) last ate stated above.
22a. SIGNATUH		1/1	, un	a chac				22b. DATE S	
1 100	well of	Harris	len	M.D	ATTENDING X	MED.	STAFF PHYS.	1-8-6	56
22c. PHYSICIA	AN'S	· cue	True		22d. ADDRESS	DIKEOIDK _	11113.		
NAME (T)	ype) Charl	Les H.St	tonesifer	, M	.D. G:	reensbo	ro, Md.	2163	39
23a. BURIAL, CREM	IATIDN, 23b. DATE	THEREDF	23c. NAME OF CEM	METERY	OR CREMATORY	23d. LDC/	ATION (City, town	n or county)	(State)
Burial Spi	Jan.	10, 66	Greensbo	ro		Green	sboro,	Mary	land
24 FUNERAL DIRE		00	AODRESS	_	25a. RI	EC'D BY REGISTI	RAR 25b. REG	ISTRAR'S SIG	GNATURE
4.8 1	DATI Vaca	) Streo	nestron	N	el - DATIS A	1 1 4 196	c och	me a	udae
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bully year , base	Exception .	orodaneede 3	0 .01 .est	Telephone

OF STATISTICAL RESEARCH AND PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral plnods 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) AROLINE the d 2 MARYLAND write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MONILO filled in b Pages hours aft d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS MIRSING completely death certificate be executed NAME OF 4. DATE Month DECEASED OF DIMMER (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR) pue last birthday) FEMALE WIDOWED V DIVORCED ove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) CO. MD TOUSE WI 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give war or datas of service) has been signed by the 1B. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Disease IMMEDIATE CAUSE (a) Chronic Heart C Failure the burial-transit DUE TO Artsmissels stie Heart Disease gave rise to immediate ceuse DUE TO (a), stating the underlying Generalized Arterioslerasis cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY detached for use as Chronic Pyeloneohritis

200. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HO
OR CONTRIBUTING | CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, office bldg., etc.) While Not Whife Hour a.m. at work at work p.m. DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from 9/20/65, 19..., to 1/ .3...... 19..66that (I) (we) last plnods saw the deceased alive on... from the causes and on the date stated above; 22a SIGNATURE ATTENDING MED. PHYS. DIRECTOR PHYS. director, page the filed with the death. Page 4
O FUNERAL 22d. ADDRES 22c. PHYSICIAN'S NAME (Type) Presta Marvi 23c. NAME OF CEMETERY OR CREMATORY ADCATION (City, town or county 23a. BURIAL, CREMATION, 23b. REMOVAL (Specifa) REC'D BY REGISTRAR DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61

IS RESIDENCE ON A FARM?

YES NO THE

1966

IF UNDER 24 HRS.

Day

18.S.A

(County)

12. CITIZEN OF WHAT COUNTRY?

ONSET AND DEATH

25yrs

PERFORMED?

(State)

DATE

SIGNED

YES NO X

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Fod 1 Apr	PARALVRANCES		
	STANTON TO	BEN E	NAME OF THE OWNER.
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Sharles H.Stenguiffer, K.D. Greenstern, M.D. 21439

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove cerbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event. Within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
00531
CERTIFICATE OF DEATH

1. PLACE DF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
Caroline MARYLAND	Maryland Caroline
b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Denton - Rural Life	Denton - Rural 05-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  8. IS RESIDENCE ON A FARM?
Pinetown	Pinetown YES ND
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) James Franklin	Stanford DEATH January 1/ 19 00
7. MARRIED A NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Iast birthday)   Months   Days   Hours   Min.
Male Negro WIDDWED DIVORCED	Jan. 21, 1911   last birthday)   Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
during most of working life, even if retired)  Earmer  INDUSTRY  Farming	Caroline Co., Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harvey Stanford	Elizabeth Haynes
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SDCIAL SECURITY ND.   17.	INFDRMANT Address
(Yes, no, or unkown) (If yes give war or dates of service) 219-05-5159 Ma	ary E. Stanford, Denton, Maryland, RFD
1 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), 1	I INTERVAL BETWEEN
	ONOTT AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A CUTE MY O CARDIAL	TEW HOURS
renditions if any which I DUE TO	OSCUEROFIS TEN POOR
gave rise to immediate	
cause (a), stating the DUE TO	
underlying cause last. ) (c)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTDPSY
O PARTIT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	PERFORMED?
L COL PRODUCTION OF LOOP PRODUCTION IN THE PRODUCTION OF THE PRODU	YES NO W
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE Factor While Not While	CE DF INJURY (Home, farm,   20f. (City or town) (County) (State) ry, street, office bidg., etc.)
Hour a.m. p.m.  19 While Not While at work	ry, street, office blug., etc.,
21. I certify that (I) (this hospital) attended the deceased from JA	1966, te JAN. 17, 1966, that (11) (we) last
saw the deceased alive pn Jan 19 66, and that	death occurred at 5:30 M, from the causes and on the date stated above.
22a. SIGNATURE	L 22h DATE SIGNED
This Pelys	ATTENDING MED. STAFF JAN 21,1966
22c. PHYSICIAN'S NAME (Type) PHILIP P FELIPE M.D	22d. ADDRESS DENTON Ma
23a. BURIAL, CREMATION, 23b. DATE THEREDF   23c. NAME OF CEMETERY	
Burial Jan. 22, 1966 St. Paul Cem	netery Near Denton, Maryland
24J FINERAL DIRECTOR and Son, Federalsburg, Ma	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Legnet Nacastour N.	DATE 1966 Charles Judge
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